

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**04/15/2013**

Document Number:  
**400404265**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 19160 Contact Person: Dollie Busse  
Company Name: CONOCO PHILLIPS COMPANY Phone: (505) 324-6104  
Address: P O BOX 2197 Fax: (505) 599-4062  
City: HOUSTON State: TX Zip: 77252-2197 Email: Dollie.L.Busse@conocophillips.com  
API #: 05 - 067 - 09374 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: ARGENTA 34-10 34-1A  
Sec: 34 Twp: 34N Range: 10W QtrQtr: NENW Lat: 37.152360 Long: -107.924860

**BRADENHEAD TEST – 48-hour Notice**

Test Date: 04/17/2013 Time: 02:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Dollie Busse Email: Dollie.L.Busse@conocophillips.com  
Signature: \_\_\_\_\_ Title: Staff Reg. Tech Date: 04/15/2013